

Abstract 227**TITLE:** Toward a Behavioral Surveillance System for HIV/STD Prevention**AUTHORS:** Rietmeijer, CA; Fichtner, RR

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ISSUE: In order to target and guide HIV/STD prevention efforts, data on risk and preventive behaviors are needed at three levels: general population, infected populations, and highrisk populations. Two complementary approaches can be taken to arrive at a comprehensive system for HIV/STD behavioral surveillance: 1) enhance the use and integration of existing data sources at all three levels; and 2) develop new systems at levels for which currently insufficient data exist. Central in this effort is comparability of data elements which will allow for integration and comparability of data across surveys and stimulate the use of these data for prevention planning and evaluation.

SETTING: HIV/STD prevention planners at federal, state, and local levels.

PROJECT: In the fall of 1998, a CDC working group was formed with membership from the National Center for HIV, STD, and TB Prevention (NCHSTP), the National Center for Chronic Disease Prevention, and the National Center for Health Statistics. The main tasks of the working group were to formulate a standard set of behavioral questions for HIV/STD behavioral surveillance, to evaluate these questions at all three population levels, and to encourage their use in existing and new surveys.

RESULTS: Questions are being developed in three conceptual "tiers"; first tier: a small set of questions that will allow for comparisons across all 3 surveillance levels; second-tier: a set of more detailed questions following first-tier questions for highrisk and infected populations; third-tier: optional (local) questions. A first draft of first-tier and second-tier sexual behavior questions have been mailed to a large group of stake holders for feedback and have also been posted on the Internet (http://www.cdc.gov/nchstp/od/core_workgroup/). Evaluation of these questions is in progress in the following surveys: the State and Local Area Integrated Telephone Survey (general population), the Supplement to HIV and AIDS Surveillance (infected populations), and the HIV Testing Survey (highrisk populations). Questions on injection drug use, HIV counseling and testing and STD services are in preparation. NCHSTP's National Advisory Group on HIV/STD Prevention has endorsed the working group's efforts and has advised NCHSTP to include core questions on surveys supported by the Center.

LESSONS LEARNED: Integration of data from existing behavioral surveillance systems and other periodic surveys may be helpful in developing HIV and STD prevention policy. The use of common questions will enhance the comparability across behavioral surveillance/surveys. Such a core data set will also facilitate the development of locally relevant surveys to address data gaps, especially among highrisk populations. CDC is soliciting wide input into this process.

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